



PATENT  
450110-04642

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Sarah Elizabeth WITT et al.  
Serial No. : 10/619,682  
For : VIDEO PROCESSING

745 Fifth Avenue  
New York, New York 10151  
Tel. (212) 588-0800

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  
Commissioner for Patents, P.O. Box 1450,  
Alexandria, VA 22313-1450, on November 26, 2003

Glenn F. Savit, Reg. No. 37,437

Name of Applicant, Assignee or  
Registered Representative

Signature

November 26, 2003

Date of Signature

REQUEST FOR THE ISSUANCE OF A FILING RECEIPT

Application Processing Division  
Customer Correction Branch  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The above application was filed by Express Mail on July 15, 2003 as evidenced by the Postcard return receipt and Express Mail receipt, copies of which are enclosed.


A Filing Receipt, if issued, has not been received by this office. Please issue a Filing Receipt, or a

PATENT  
450110-04642

duplicate thereof, and forward the same to the undersigned  
attorney.

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:   
Glenn F. Savit  
Reg. No. 37,437  
Tel. (212) 588-0800



Serial No. \_\_\_\_\_ File No. 450110-04642 By WSF/sar  
Title In the Matter of the Application of Sarah Elizabeth Witt et al.  
The following due 7/17 in the U.S. Patent Office, was received in the Patent Office  
☐ Affidavit ☐ Declaration ☒ Express Mail Mailing Certificate  
☐ Amendment (separate sheet) 27371  
☐ Preliminary Amendment ☒ Check No. 27270 for \$ 150  
☐ Amendment After Final Rejection ☐ Deposit Account Order Form  
☐ Request for Extension of Time ☒ Drawing 10 Sheet(s)  
☐ Provisional Patent Application ☒ Information Disclosure Statement  
☒ Application for Patent, including Abstract ☒ PTO Form 1449, w/ 3 keys.  
☒ Pages Specification 16 Claims  
☐ Declaration ☐ Oath ☐ Power  
☐ Request for Filing Continuation or Divisional Application \_\_\_\_\_ sheets, in duplicate  
☐ File Wrapper Continuation Patent Application \_\_\_\_\_ sheets, in duplicate  
☐ PCT Request \_\_\_\_\_ sheets, including  
☐ Transmittal Letter to the US/RO  
☒ Assignment ☒ Recordation Cover Sheet  
☐ Brief ☐ Letter  
☐ Application for TM Registration Including \_\_\_\_\_ Specimens  
☐ Status Request ☐ Notice of Appeal  
☐ Petition ☐ Response  
☒ Priority Document 0516683.3  
☒ Small Entity Declaration  
☒ Re-transmittal Sheet

Via Express Mail # EV345018146 US on: 7/15/03

Customer Copy

EV 345018146 US

EXPRESS MAIL UNITED STATES POSTAL SERVICE®

Post Office Addresssee

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery	Flat Rate Envelope	Delivery Attempt	Time	Employee Signature
10002	<input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/> Postage due at destination	<input type="checkbox"/> First <input type="checkbox"/> Second	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Signature
Date in which item was received	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	<input type="checkbox"/> Return Receipt Fee	Delivery Attempt	Time	Employee Signature
10002	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	<input type="checkbox"/> Return Receipt Fee	<input type="checkbox"/> First <input type="checkbox"/> Second	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Signature
Weight (lb)	<input type="checkbox"/> 1st Alpha Country Code	<input type="checkbox"/> COD Fee <input type="checkbox"/> Insurance Fee	Delivery Date	Time	Employee Signature
1.0	<input type="checkbox"/> 1st Alpha Country Code	<input type="checkbox"/> COD Fee <input type="checkbox"/> Insurance Fee	<input type="checkbox"/> First <input type="checkbox"/> Second	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Signature
No Delivery	Acceptance Mark Initials	Total Postage & Fees	NO DELIVERY	Day of Delivery	Customer Signature
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		\$178.5	<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		

CUSTOMER USE ONLY

METHOD OF PAYMENT: ☐ Cash ☐ Bill ☐ Credit Card ☐ Other

FROM: (PLEASE PRINT) **FROMMER, LAWRENCE & HAUG, LLP**  
745 5TH AVE FL 10  
NEW YORK, NY 10151-1000  
212-588-0800  
450110-04642

TO: (PLEASE PRINT) **Mail Stop Patent Application**  
Communication for Patent Application  
P.O. Box 1450  
Alexandria, VA 22313-1450

PRESS HARD. You are making 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com